Department of Veterans Affairs **VHA DIRECTIVE 98-020**
Veterans Health Administration
Washington, DC 20420 **March 31, 1998**

DRUG ACCOUNTABILITY SOFTWARE VERSION 3.0

1. PURPOSE: This Veterans Health Administration (VHA) Directive informs facilities that the Drug Accountability Version 3.0 must be installed at all sites no later than **May 15, 1998,** and to restate the requirements for controls over high cost non-controlled pharmaceuticals.

2. BACKGROUND: Based on the General Accounting Office (GAO) Report, Department of Veterans Affairs (VA) Controls Over Addictive Drugs (GAO/HRD-91-101) that recommended additional controls be placed on lower schedule drugs, VA reported Drug Accountability as a material weakness. Drug Accountability software is one of four software packages required to address this material weakness.

3. POLICY: VA facilities will activate this software no later **May 15, 1998**. Medical centers will enact the supplemental measures, controls, and procedures found in subparagraph 4b, to detect and prevent the theft and/or diversion of high cost, non-controlled pharmaceuticals and controlled substances.

4. ACTION

a. **Responsibilities**. Pharmacy service managers will meet with medical center management to determine pharmaceutical products at risk for theft and/or diversion.

b. **Procedures**

(1) Using the Drug Accountability software, pharmacy mangers will be able to work toward a perpetual inventory of all pharmaceutical items in the pharmacy by 1999.

(2) Pharmacy managers will audit procurement and dispensing records for each of the selected items at least monthly.

(a) Initially, at least 20 items will be selected.

(b) A manual count of each item selected will be made and compared to the inventory level from the Drug Accountability Software.

(c) Pharmacy Managers will establish a tolerance of usage (percentage difference) since the last count to pass the audit.

(d) For items not passing the audit, pharmacy managers will recount balances prior to adjusting the actual balance and investigate to determine the cause of the discrepancy.

(3) Pharmacy managers will report the results of the reviews to facility management through the quality assurance process at least quarterly.

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(4) Pharmacy managers will review the results of the quarterly quality assurance reviews with the entire pharmacy staff.

(5) Annually, pharmacy management will reevaluate the high cost, non-controlled drugs. Items will be continued on the audits or replaced with products of higher sensitivity.

4. REFERENCES

a. Veterans Health Administration Manual M-2, Part VII.

b. GAO/HRD-91-101, VA Controls Over Addictive Drugs.

c. Control of Pharmaceutical Products in the Department of Veterans Affairs (VA402MR1), August 1995, Logistics Management Institute (LMI).

5. FOLLOW-UP RESPONSIBILITY: The Chief Consultant, Pharmacy Benefits Management Strategic Health Group (119), is responsible for the content of this Directive.

6. RESCISSIONS. This VHA Directive will expire March 31, 2003.

S/ by Robyn Nishimi, Ph.D. for
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Under Secretary for Health

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